

Date of Council: February 2023

Title of Initiative: Housing Instability Among People Living with HIV/AIDS (PLWH) From Populations That Experience Health Disparities

Authors: Yewande Oladeinde, Ph.D. and Larissa Avilés-Santa, M.D., MPH

Reviewers: William Southerland, Ph.D. and Ken Resnicow, Ph.D.

Objective: This initiative will support innovative, collaborative, and multidisciplinary research designed to: (1) understand the intersections between housing, care seeking and treatment behaviors of PLWH experiencing housing instability; and (2) identify effective strategies for engaging PLWH or at risk for HIV who experience unstable housing conditions in their attainment of optimal HIV care, HIV prevention and treatment.

Background: Housing instability or housing insecurity is an umbrella term that encompasses several aspects of housing challenges an individual may experience, including homelessness, affordability, safety, quality, overcrowding, living in transitional housing or extended stay hotels, couch surfing, and eviction.

According to the 2021 Department of Housing and Urban Development (HUD) Annual Homeless Report, there are 580,466 people (18 out of every 10,000 people) that experienced homelessness in the U.S., and more than 326,000 people experiencing sheltered homelessness. “Sheltered homelessness” refers to people experiencing homelessness who were found in emergency shelters, transitional housing, or other temporary settings.

Housing instability is a determinant of poor health outcomes, and people living in unstable housing situations experience excessively higher risk of HIV infection, with the estimated seroprevalence ranging from 1.8% to 20%, which is higher than those found among the general population. Populations experiencing health disparities are also populations disproportionately affected by housing instability. For example, Black people make up over 40% of the U.S. population experiencing homelessness and 42% of new HIV diagnoses, despite making up only 14% of the population. Similarly, Hispanics and Latinos make up 22% of population experiencing homelessness and 27% of new HIV diagnoses, despite making up only 19% of the population. In addition, youth and young adults (ages 14-24) experiencing homelessness are 6 to 12 times more likely to become infected with HIV than housed youth and young adults, with HIV prevalence rate as high as 16%. Youth and young adults with intersecting identities such as being from a sexual gender minority (SGM) population, or a racial and ethnic minority population, are overrepresented in the unstable housing population compared to the general youth and young adult population. In addition, there’s a growing community of older adults living with HIV, many of whom are already experiencing aging-related illnesses. In 2020, 53% (556,830) of adults aged 50 and older made up the majority of PLWH, and the projection is that by 2030, they will make up over 70% of PLWH in the United States. This population of older adults living with HIV are also prone to experiencing unstable housing conditions. Similarly,

older adults living with HIV with intersecting identities of race and ethnicity, and sexual orientation are disproportionately affected by HIV and unstable housing. Unstable housing conditions create a disparity in HIV treatment outcomes, as people experiencing housing instability are less likely to access HIV treatment and care or adhere to treatment, such as antiretroviral therapy (ART) to achieve sustained viral suppression. In addition, people experiencing housing instability are less likely to use necessary HIV prevention and treatment strategies. With continuous housing instability comes worsening viral suppression. There are many individual factors (such as treatment preferences, cultural beliefs, health literacy), interpersonal factors (such as socioeconomic status/poverty, substance use, insurance coverage, patient-clinician relationship), and societal/structural factors (such as structural discrimination, stigma, violence) that work together in serving as barriers to care and treatment for PLWH who have unstable housing.

This concept is in line with the Ending the HIV Epidemic's (EHE) goal of reducing new HIV infections in the U.S. by 90% by 2030, which requires a comprehensive and holistic health approach that addresses social services, housing and other needs by leveraging scientific advances in HIV prevention, diagnosis, treatment, and outbreak response. Using a multi-pronged, cross collaborative approach across multiple federal agencies, EHE is working to address racial, ethnic, and geographic disparities by implementing strategies that increase access to affordable, high-quality housing. For example, programs such as Housing Opportunities for Persons With AIDS (HOPWA) is the only federal program through HUD that is dedicated to addressing the housing needs of low-income people living with HIV/AIDS and their families.

Description of Initiative: This initiative seeks to stimulate research that addresses intersections between housing, care seeking and treatment behaviors of PLWH experiencing housing instability while engaging them in their quest to attaining optimal health outcomes. This initiative will support descriptive studies, interventions (especially multi-component, multi-sectoral, and/or multilevel interventions), clinical trials, quasi-experimental studies, natural experiments (e.g., impact of policy), quality improvement studies, and mixed methods research. When appropriate, studies should also meaningfully engage with community-based organizations, transitional housing, and local shelters in the research.

Research Priorities: Areas of interest include but are not limited to:

- Development and testing of new/adapted multilevel and multidomain interventions that address housing instability, HIV care, testing and preventive care. This may include strategies for understanding and addressing barriers to implementing and sustaining such interventions.
- Implementation of evidence-based interventions in real-world diverse settings. This may include implementation of interventions that are integrated within biomedical, social, behavioral, and other care settings. In addition, addressing facilitators and barriers to implementation and sustainability.

- Studies at the intersection of race, sex, gender, and other chronic conditions for populations at greater risk for non-adherence or adverse events. For example, addressing retention in care for populations with disproportionately high HIV rates (e.g., those engaging in risky behaviors, youth, and young adults with intersecting identities).
- Evaluation studies to assess the effectiveness of new or existing policies and programs. This may include the impact these programs and policies may have on improving social and clinical outcomes (e.g., food insecurity, unstable housing), and the integration of social care into clinical care.
- Studies that promote protective factors and resilience among this population including strategies for effective engagement of housing unstable individuals living with HIV and/or at risk for HIV across the care continuum (e.g., diagnosis, linkage to care, treatment, retention in care).
- Identifying and/or addressing policies that drive health care disparities in this population.